



2020-2021
Therapeutic Recreation, Fitness and
Adapted Recreational Sports
Registration Form

Activity/Sport _____

(Please indicate Activity/Sport—Fitness, Aquatic Fitness, w/c football, 4 ft hoops, Swim Team, etc.)

Personal Information

First Name: _____ Last Name: _____ Best Phone: _____

Address: _____ City: _____ Zip Code: _____

Male: ____ Female: ____ Date of Birth: _____ Age: _____ Email: _____

Emergency Contact Information

Name: _____

Day Phone: _____

Relationship: _____

Medical Information

Disability and/or level of injury: _____

Physician and/or Clinic: Name: _____

Phone Number: _____

Please CHECK all that apply to participant:

| | | |
|-----------------------|-------------------|---------------------|
| Allergies (see below) | Ear Tubes | Scoliosis |
| Arthritis | Glasses | Seizures |
| Atlantoaxial | Hearing Aides | Shunt |
| Subluxation Catheter | Heart Condition | Tracheotomy |
| Diabetes | Hepatitis Carrier | High Blood Pressure |

Diet Restriction: _____ Other: _____

Please provide specific information for any medical condition we should be aware of (Allergies, Activity Restrictions, etc.) _____

Does participant use a wheelchair Yes No Manual or Power ?

Does participant use other mobility equipment Yes No If so, please describe

Registrant medically cleared to participate in Exercise and Sports.

Medical Professional Signature-

_____ **Date** _____



Franklin Park Adventure Center

CRPD/ASCC Participant Information and Waiver

CRPD Therapeutic Recreation and Adaptive Sports Club of Columbus top priority is to keep our participants, volunteers, and staff healthy during this COVID-19 crisis and going forward. We are faithfully following the state of Ohio and CDC regulations to keep our entire CRPD/ASCC family safe.

I have received, read, and understand the protocols and policies for participating in _____(event). Initials

PUBLIC RELATIONS - Please initial one of the following:

☐ I authorize the ASCC/City of Columbus to use my photograph/video for public relations purposes.

Or

☐ I **do not** authorize the City of Columbus to use my photograph/video for public relations purposes.

WAIVER

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending Adaptive Sports Club of Columbus/City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Adaptive Sports Club of Columbus/City of Columbus employees, agents, representatives, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Adaptive Sports Club of Columbus/City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless Adaptive Sports Club of Columbus/City of Columbus Recreation and Parks employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

PARTICIPANT/PARENT/GUARDIAN RELEASE

I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD/ASCC to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for myself or my child when deemed necessary. In case of accident or injury I will not hold the Adaptive Sports Club of Columbus/City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Signature:

Contact #: (should health dept need to contact)

Date:

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